




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

Eligibility Operations Memo 02-17
November 1, 2002

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Assistant Commissioner, Member Services 

RE: **Changes to Pharmacy Copayments and Service Cuts**

Introduction

The Massachusetts Legislature increased the pharmacy copayment for MassHealth members from 50 cents per prescription to \$2 per prescription. MassHealth plans to no longer cover certain services for MassHealth members who are aged 21 or older (adults). The revised regulations for these changes will be effective January 1, 2003. You will receive these revised regulations sometime in early December 2002.

MassHealth members will receive three notices beginning in November 2002, informing them of these changes. MassHealth members in nursing facilities will only receive a service cuts notice. Advance copies of these four member notices are attached to this memo.

The copayment increase applies to drugs covered by MassHealth, including the original prescription and all refills, with certain exceptions listed below.

Copayment Exceptions

The following continue to be excluded from the copayment requirement:

- MassHealth members who have not reached their 19th birthday;
- MassHealth members who are pregnant;
- MassHealth members who are in the postpartum period that extends through the last day of the second calendar month following the month in which their pregnancy ends;
- MassHealth Limited members;
- MassHealth Senior Buy-In members or MassHealth Standard members for Medicare-covered drugs only, when furnished by a Medicare-certified provider;
- MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded;
- family-planning services and supplies;

(continued on reverse side)

**Copayment
Exceptions
(cont.)**

- emergency services;
 - hospice-care services; and
 - persons receiving medical services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program, if they do not receive MassHealth Basic or MassHealth Standard.
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Restrictions

The pharmacy may not refuse to fill or refill a prescription for MassHealth members who state that they are financially unable to pay the copayment. The pharmacy does have the right to use any legal means to collect unpaid copayments from the member.

MassHealth MCOs

Members of one of these MassHealth managed-care organizations (MCOs) – Fallon Community Health Plan, Neighborhood Health Plan, Network Health, or Boston Medical Center HealthNet Plan – must follow the MassHealth copayment policy of their MCO.

Service Cuts

Also beginning January 1, 2003, MassHealth plans to no longer cover the following services for MassHealth members who are aged 21 or older (adults):

- chiropractor services;
 - eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses, and other visual aids, except for visual magnifying aids used by members who are both diabetic and legally blind (Visual magnifying aids do not include eyeglasses or contact lenses.);
 - prosthetics and orthotics, except in hospital settings (Orthotic shoes for members with severe diabetic foot disease continue to be covered in all settings.); and
 - dentures and related services, except for members who qualify for special circumstances under Division regulations at 130 CMR 420.410(D).
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**PA Requests and
Service Cuts**

If MassHealth approved a prior authorization (PA) request for an adult member on or before October 25, 2002, and the request was for any of the services listed above, then MassHealth will continue to pay for those services through the authorized period. From October 26, 2002, through December 31, 2002, MassHealth will approve medically necessary PA

(continued on next page)

**PA Requests and
Service Cuts**
(cont.)

requests for adult members for a 90-day period from the date the PA request is approved or changed. After December 31, 2002, MassHealth plans to no longer approve PA requests for adult members for the services listed above on page two.

MassHealth may establish new PA requirements or change existing PA requirements for therapy services, including physical, occupational, and speech therapy. MassHealth may also establish specific limits on the amount of these services that MassHealth will cover for adult members.

**MassHealth and
Medicare**

If a member has both MassHealth and Medicare, and Medicare pays for the services listed above on page two for the member, MassHealth will continue to pay the portion of the coinsurance and deductible it does now.

FAQs

Two lists of “Frequently Asked Questions and Answers” (FAQs) – one for the pharmacy copayment increase and one for the proposed changes to MassHealth benefits (optional service cuts) – are attached to this memo to assist MEC staff with member inquiries.

Questions

If MassHealth members have questions, tell them to call the
MassHealth Customer Service Center
1-800-841-2900 (TTY: 1-800-497-4648 for the deaf and hard of
hearing) between 8 A.M. – 5 P.M., Monday through Friday.

If you have any questions about this memo, have your MEC designee contact the Policy Hotline at 617-210-5331.



Commonwealth of Massachusetts
Division of Medical Assistance
www.mass.gov/dma

November/December 2002

This is an important message about your MassHealth benefits.

Dear MassHealth Member,

There are two notices enclosed with this letter. Both of these notices are very important. Please make sure you read them carefully or have someone read them for you. One notice has to do with changes about what you pay for medicine. The other notice has to do with planned changes to services MassHealth covers.

If you have questions about these notices, call the MassHealth Customer Service Center at 1-800-841-2900 between 8:00 A.M. - 5:00 P.M. Monday through Friday (TTY: 1-800-497-4648 for the deaf and hard of hearing). Your wait time on the phone may be shorter if you call in the afternoon and call on Tuesday through Friday.

If you are a consumer of the Massachusetts Commission for the Blind, and you have questions about these notices, please call 1-800-392-6450 (TTY: 1-800-392-6556 for the deaf and hard of hearing).

Thank you.

Sincerely,

Wendy E. Warring
Commissioner



Commonwealth of Massachusetts
Division of Medical Assistance
www.mass.gov/dma

November/December 2002

This is an important message about your MassHealth benefits.

What you pay for medicine is changing. Right now, most of you pay 50 cents (the pharmacy copayment) for each MassHealth prescription filled at your pharmacy. As of January 1, 2003, the pharmacy copayment will increase from 50 cents to \$2 for each MassHealth prescription that you get filled or refilled.

This pharmacy copayment increase is because of a law passed by the Massachusetts Legislature. Even with this change, MassHealth still charges its members less for medicine than almost any other health plan.

If you are a member of one of these MassHealth health plans—Fallon Community Health Plan, Neighborhood Health Plan, Network Health, or Boston Medical Center HealthNet Plan—the increased copayment may not apply to you. You must follow the copayment rules of your health plan.

A copayment cannot be charged for some services and some MassHealth members cannot be charged a copayment.

These services and people are “exempt,” and are described later in this notice.

If you are **not** exempt, you will be charged a pharmacy copayment. You must pay the copayment if you can afford it. You decide if you can afford the copayment. You should never go without medicine that you need because you cannot afford the copayment. If you cannot afford to pay the copayment, tell the pharmacy. Under federal law, the pharmacy must still give you the medicine. If you do not pay the copayment because you cannot afford to, you will still owe the money to the pharmacy. (MassHealth will not pay the pharmacy for the \$2 copayment you owe.) The pharmacy may use any legal way to collect the money you owe.

The following persons are exempt from paying a pharmacy copayment.

- MassHealth members under 19 years old
- MassHealth members who are pregnant
- MassHealth members for the 60 days following the month their pregnancy ended
- MassHealth Limited (emergency MassHealth) members
- MassHealth Senior Buy-In (MassHealth and Medicare) members or MassHealth Standard members for Medicare-covered medicines only, when filled at a pharmacy that is a certified Medicare provider
- MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded
- Persons getting Emergency Aid to the Elderly, Disabled and Children (EAEDC) covered services, if they are not getting MassHealth Basic or MassHealth Standard

The following services are exempt from a pharmacy copayment.

- Family-planning services and supplies
- Emergency services
- Hospice-care services

Because the pharmacy's computer system may not show the pharmacist that you are exempt from paying a pharmacy copayment, be sure to tell the pharmacist if any of the above-listed exemptions apply to you.

If you have questions about this change, call the MassHealth Customer Service Center at 1-800-841-2900 between 8:00 A.M. - 5:00 P.M. Monday through Friday (TTY: 1-800-497-4648 for the deaf and hard of hearing). Your wait time on the phone may be shorter if you call in the afternoon and call on Tuesday through Friday.

If you are a consumer of the Massachusetts Commission for the Blind, and you have questions about this change, please call 1-800-392-6450 (TTY: 1-800-392-6556 for the deaf and hard of hearing).



November/December 2002

Commonwealth of Massachusetts
Division of Medical Assistance
www.mass.gov/dma

This is an important message about your MassHealth benefits.

Beginning January 1, 2003, MassHealth plans to no longer cover the following services for MassHealth members who are 21 years old or older (adults).

- Chiropractor services
- Eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses, and other visual aids, except for visual magnifying aids used by members who are both diabetic and legally blind (Visual magnifying aids do not include eyeglasses or contact lenses.)
- Prosthetics and orthotics, except in hospital settings (Orthotic shoes for members with severe diabetic foot disease continue to be covered in all settings.)
- Dentures and related services, except for members who qualify for special circumstances under Division regulations at 130 CMR 420.410(D)

If you have both Medicare and MassHealth, and Medicare pays for the services listed above for you, MassHealth will continue to pay the portion of the coinsurance and deductible it does now.

In addition to the changes in coverage described above, MassHealth may set up new prior authorization (PA) rules or change current PA rules for therapy services, including physical, occupational, and speech therapy. MassHealth may also set up certain limits on the amount of these services that MassHealth will cover for adult members.

These service changes will be described in the Division of Medical Assistance's (Division's) regulations. The Division will notify the public of these regulatory changes and will give the public a chance to comment on them. The Division will also give updated information about these changes on its Web site at www.mass.gov/dma.

If MassHealth approved a PA request for an adult member on or before October 25, 2002, and the request was for any of the services listed above, then MassHealth will continue to pay for those services through the authorized period. From October 26, 2002, through December 31, 2002, MassHealth will approve medically necessary PA requests for adult members for a 90-day period from the date the PA request is approved or changed. After December 31, 2002, MassHealth plans to no longer approve PA requests for adult members for the services listed above.

If you have questions about these changes, call the MassHealth Customer Service Center at 1-800-841-2900 between 8:00 A.M. - 5:00 P.M. Monday through Friday (TTY: 1-800-497-4648 for the deaf and hard of hearing). Your wait time on the phone may be shorter if you call in the afternoon and call on Tuesday through Friday.

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Commonwealth of Massachusetts
Division of Medical Assistance
www.mass.gov/dma

This is an important message about your MassHealth benefits.

November/December 2002

Dear MassHealth Member,

This notice has to do with planned changes to services MassHealth covers. Please make sure you read it carefully or have someone read it for you. A copy of this notice will also be sent to the person who is your eligibility representative. Your eligibility representative is someone who is authorized to act responsibly on your behalf.

Beginning January 1, 2003, MassHealth plans to no longer cover the following services for MassHealth members who are 21 years old or older (adults).

- Chiropractor services
- Eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses, and other visual aids, except for visual magnifying aids used by members who are both diabetic and legally blind (Visual magnifying aids do not include eyeglasses or contact lenses.)
- Prosthetics and orthotics, except in hospital settings (Orthotic shoes for members with severe diabetic foot disease continue to be covered in all settings.)
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If you have both Medicare and MassHealth, and Medicare pays for the services listed above for you, MassHealth will continue to pay the portion of the coinsurance and deductible it does now.

In addition to the changes in coverage described above, MassHealth may set up new prior authorization (PA) rules or change current PA rules for therapy services, including physical, occupational, and speech therapy. MassHealth may also set up certain limits on the amount of these services that MassHealth will cover for adult members.

These service changes will be described in the Division of Medical Assistance's (Division's) regulations. The Division will notify the public of these regulatory changes and will give the public a chance to comment on them. The Division will also give updated information about these changes on its Web site at www.mass.gov/dma.

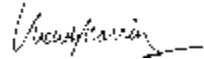
If MassHealth approved a PA request for an adult member on or before October 25, 2002, and the request was for any of the services listed above, then MassHealth will continue to pay for those services through the authorized period. From October 26, 2002, through December 31, 2002, MassHealth will approve medically necessary PA requests for adult members for a 90-day period from the date the PA request is approved or changed. After December 31, 2002, MassHealth plans to no longer approve PA requests for adult members for the services listed above.

If you have questions about these changes, call the MassHealth Customer Service Center at 1-800-841-2900 between 8:00 A.M. - 5:00 P.M. Monday through Friday (TTY: 1-800-497-4648 for the deaf and hard of hearing). Your wait time on the phone may be shorter if you call in the afternoon and call on Tuesday through Friday.

If you are a consumer of the Massachusetts Commission for the Blind, and you have questions about these changes, please call 1-800-392-6450 (TTY: 1-800-392-6556 for the deaf and hard of hearing).

Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Wendy E. Warring", followed by a horizontal line.

Wendy E. Warring
Commissioner

Pharmacy Copayment Increase

Frequently Asked Questions and Answers

Pharmacy copayment definition

1. Q. *What is a pharmacy copayment?*

A. A pharmacy copayment is the amount a MassHealth member pays for each medication.

2. Q. *Why is my pharmacy copayment increasing from 50 cents to \$2?*

A. The pharmacy copayment increase is because of a law passed by the Massachusetts Legislature. Even with this change, MassHealth still charges its members less for medicine than almost any other health plan.

Payment of copayment

3. Q. *I have many prescriptions and cannot afford to pay the copayment for all of them. Is there a limit to the number of copayments I am responsible for?*

A. Regardless of how many prescriptions you have, you are responsible for paying \$2 each time for each prescription you have filled or refilled. You should pay what you can afford to pay when your prescription(s) is filled.

4. **Q. *I have private health insurance and my copayment is \$15. But I also get MassHealth. What do I pay for my pharmacy copayment?***

- A. Your payment is the MassHealth \$2 copayment amount unless one of the following exclusions applies to you.

The following persons are exempt from paying a pharmacy copayment:

- MassHealth members under 19 years old;
- MassHealth members who are pregnant;
- MassHealth members for the 60 days following the month their pregnancy ended;
- MassHealth Limited (emergency MassHealth) members;
- MassHealth Senior Buy-In (MassHealth and Medicare) members or MassHealth Standard members for Medicare-covered medicines only, when filled at a pharmacy that is a certified Medicare provider;
- MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded; and
- persons getting Emergency Aid to the Elderly, Disabled and Children (EAEDC) covered services, if they are not getting MassHealth Basic or MassHealth Standard.

The following services are exempt from a pharmacy copayment:

- family-planning services and supplies;
- emergency services; and
- hospice-care services.

Pharmacy copayments and MCOs

5. **Q. *I am enrolled in an MCO now. Do I have to follow my MCO's rules for the pharmacy copayment?***

- A. Yes, you should follow your MCO's rules for the pharmacy copayment. You should contact your MCO's member services hotline for additional information.

6. **Q. *I am a member of Fallon so I have to pay a pharmacy copayment. Can I get into another MCO that doesn't charge a pharmacy copayment?***

- A. At this time, Boston Medical Center HealthNet Plan, Neighborhood Health Plan, and Network Health do not charge a pharmacy copayment. However, this may change in the future. To find out or to enroll in any other MCO that is in your area, call 1-800-841-2900.

Pharmacy refusal to provide medicine

7. Q. *If I do not pay the copayment for the medicine because I cannot afford to, can the pharmacist refuse to give me my next prescription?*

A. The pharmacist cannot, by federal law, refuse to give you your medicine because you cannot afford to pay for the medicine. You decide if you can afford the copayment. You should never go without medicine that you need because you cannot afford the copayment. However, the pharmacist may continue to bill you for the unpaid copayment(s).

8. Q. *Can my pharmacist not give me my medicine unless I pay the copayment?*

A. The pharmacist cannot legally refuse to give you the medicine because you are unable to pay for it.

9. Q. *Do I have to pay the pharmacy copayment?*

A. If you are NOT exempt, you will be charged a pharmacy copayment. You must pay the copayment if you can afford it. You decide if you can afford the copayment. You should never go without medicine that you need because you cannot afford the copayment. If you cannot afford to pay the copayment, tell the pharmacy. Under federal law, the pharmacy must still give you the medicine. If you do not pay the copayment because you cannot afford to, you will still owe the money to the pharmacy. (MassHealth will not pay the pharmacy for the \$2 copayment you owe.) The pharmacy may use any legal way to collect the money you owe.

10. Q. *I cannot afford to pay the copayments. Can the pharmacist tell me I have to go to another pharmacy if I cannot cover the past unpaid copayments?*

A. No. The pharmacist cannot refuse to fill your prescription because you are unable to pay.

11. Q. *What can I do if the pharmacist refuses to fill my prescription because I was unable to pay?*

A. If the pharmacist refused to fill the prescription solely because you were not able to pay, you can go to another pharmacy, and we will follow up with the pharmacy that refused to fill the medication. There are other valid reasons why the pharmacist would not fill your prescription. Some reasons may be that you need to get prior authorization from your doctor, you were asking for an early refill, or the medication was not safe to take with other medicine you are taking. If the pharmacist refused to fill the prescription for a valid reason, other pharmacies will likely not fill your prescription either. If you are sure that the pharmacist did not fill the prescription solely because you were not able to pay, please give us the following information: the pharmacy name and address, the pharmacist's name, your name, address, and RID #, the prescription number, the date on the prescription, and the name of the medicine.

12. Q. *Why wouldn't the pharmacy fill my prescription?*

- A. There are other valid reasons why the pharmacist would not fill your prescription. Some reasons may be that you need to get a prior authorization from your doctor, you were asking for an early refill, or the medication was not safe to take with other medicine you are taking.

Exemptions from pharmacy copayment

13. Q. *Will the pharmacist know if I am exempt from paying the pharmacy copayment?*

- A. Because the pharmacy's computer system may not show the pharmacist that you are exempt from paying a pharmacy copayment, be sure to tell the pharmacist if any of the following exemptions apply to you.

If you are a member of one of these MassHealth managed-care organizations (MCOs)—Fallon Community Health Plan, Neighborhood Health Plan, Network Health, or Boston Medical Center HealthNet Plan—the increased copayment may not apply to you. You must follow the copayment rules of your MCO.

The following persons are exempt from paying a pharmacy copayment:

- MassHealth members under 19 years old;
- MassHealth members who are pregnant;
- MassHealth members for the 60 days following the month their pregnancy ended;
- MassHealth Limited (emergency MassHealth) members;
- MassHealth Senior Buy-In (MassHealth and Medicare) members or MassHealth Standard members for Medicare-covered medicines only, when filled at a pharmacy that is a certified Medicare provider;
- MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded; and
- persons getting Emergency Aid to the Elderly, Disabled and Children (EAEDC) covered services, if they are not getting MassHealth Basic or MassHealth Standard.

The following services are exempt from a pharmacy copayment:

- family-planning services and supplies;
- emergency services; and
- hospice-care services.

14. Q. *What is an emergency service?*

- A. An emergency service is for a sudden serious medical problem that needs immediate attention.

15. Q. Are family-planning services and supplies exempt from the copayment requirement? Which ones?

- A. Yes. Family planning services and supplies are excluded from the copayment. Some examples are: oral contraceptives, contraceptive devices such as diaphragms and condoms, and contraceptive jellies, creams, foams, and suppositories.

16. Q. Are any persons or services excluded from the pharmacy copayment?

- A. Some MassHealth members are exempt from copayments. They are:
- children under 19 years old;
 - pregnant women;
 - women in the 60-day period of time following the month their pregnancy ended;
 - Limited (emergency MassHealth) members;
 - MassHealth Senior Buy-In (MassHealth and Medicare) members or MassHealth Standard members for Medicare-covered medicines only, when filled at a pharmacy that is a certified Medicare provider;
 - MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded; and
 - persons getting Emergency Aid to the Elderly, Disabled and Children (EAEDC) covered services, if they are not getting MassHealth Basic or MassHealth Standard.

If you are getting medicines for the following services, you do not have a copayment. These services are:

- family-planning services and supplies;
- emergency services; and
- hospice-care services.

Also, if you are a member of one of the MassHealth managed-care organizations (MCOs) (Fallon Community Health Plan, Neighborhood Health Plan, Network Health, or Boston Medical Center HealthNet Plan), the increased copayment may not apply to you. Please call your MCO's member services hotline to find out.

Proposed Changes to MassHealth Benefits

Frequently Asked Questions and Answers

Services MassHealth plans to no longer cover

1. **Q. *I have heard that MassHealth is planning to stop coverage for some services. Which services does MassHealth plan to no longer cover?***
 - A. As of January 1, 2003, MassHealth plans to no longer cover the following services for MassHealth members who are 21 years old or older (adults).
 - Chiropractor services
 - Eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses, and other visual aids. Visual magnifying aids (which do not include eyeglasses or contact lenses) for use by adult members who are both diabetic and legally blind will continue to be covered.
 - Prosthetics and orthotics (except as provided in hospitals). MassHealth will continue to cover therapeutic shoes and inserts for adult members with severe diabetic foot disease.
 - Dentures and related services (except for adult members who qualify for special circumstances under Division regulations at 130 CMR 420.410(D)) To qualify for special circumstances, a dentist must request prior authorization, and the adult member must have:
 1. a severe, chronic mental and/or physical impairment and be unable to maintain oral hygiene; or
 2. a clinical condition such that oral disease may be life threatening.
2. **Q. *When will MassHealth stop covering these services?***
 - A. MassHealth plans to stop covering these services for adult members who are 21 years old or older, except under the circumstances described in Question #1, as of January 1, 2003. (See Question #7 on prior authorization requests.)
3. **Q. *I heard that MassHealth might also be eliminating coverage for therapies, such as occupational therapy, physical therapy, and speech therapy, and for hearing aids, hearing tests, and eye exams. Is this true?***
 - A. MassHealth is not planning to eliminate coverage for these services. MassHealth may establish new or change existing prior authorization requirements for the therapy services.
4. **Q. *Will the elimination of service coverage affect my children?***
 - A. No. The proposed service cuts will not affect MassHealth members under age 21.

Options

5. Q. *I need one or more of the services that MassHealth plans to no longer cover. What do I do?*

- A. Before January 1, 2003, MassHealth will continue to cover the services listed above (see Question #1). As of January 1, 2003, MassHealth generally plans to no longer cover the services listed above (see Questions #1 and #6). As of this date, your provider should inform you if MassHealth does not cover a service. If you need one of the services that MassHealth plans to no longer cover, you then have the option to pay for the service yourself. Your provider may be willing to work out a payment arrangement with you. If you are not able to pay for treatment, there may be other resources available to you. Other resources are listed in "Access to Health Care in Massachusetts," which is available at your local library or at www.state.ma.us/dhcfp/pages/pdf/access.pdf.

Services that will continue to be covered

6. Q. *Are there any exceptions?*

- A. The following exceptions apply:
- MassHealth will continue to cover therapeutic shoes and inserts for members aged 21 or older (adults) with severe diabetic foot disease. If your doctor decides that you have severe diabetic foot disease, your doctor must give your podiatrist (foot doctor) or shoe provider written certification of this condition on his or her office letterhead. This certification must state that these services are medically necessary for your life and safety;
 - MassHealth will continue to cover visual magnifying aids, which do not include eyeglasses or contact lenses, for diabetic adult members who are legally blind. If you are diabetic and legally blind, your doctor must clearly state that you are diabetic and legally blind on your prior authorization request;
 - MassHealth will continue to cover orthotics and prosthetics for adult members in hospitals; and
 - MassHealth will continue to cover dentures and related services only for adult members who qualify for special circumstances, as defined in Question #1.

Services and prior authorization

7. Q. *I have prior authorization to use one of the services MassHealth plans to cut for a period that extends beyond January 1, 2003. Will my prior authorization be honored?*

- A. 1. If MassHealth approved a prior authorization (PA) request for an adult member on or before October 25, 2002, and the request was for any of the services listed below, then MassHealth will continue to pay for those services through the authorized period.
- Chiropractor services
 - Eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses, and other visual aids (visual magnifying aids, which do not include eyeglasses or contact lenses) for use by adult members who are both diabetic and legally blind will continue to be covered
 - Prosthetics and orthotics (except as provided in hospitals). MassHealth will continue to cover therapeutic shoes and inserts for adult members with severe diabetic foot disease
 - Dentures and related services (except for adult members who qualify for special circumstances under Division regulations at 130 CMR 420.410(D))
2. From October 26, 2002, through December 31, 2002, MassHealth will approve medically necessary PA requests for adult members for a 90-day period from the date the PA request is approved or changed.
3. After December 31, 2002, MassHealth plans to no longer approve PA requests for adult members for the services listed above.

Medicare and MassHealth

8. Q. *I am covered by both MassHealth and Medicare, and Medicare pays for the services listed above for me. Will MassHealth continue to cover the portion of the coinsurance and deductible it does now?*

- A. Yes. If you have both Medicare and MassHealth, and Medicare covers the services listed above for you, MassHealth will continue to pay for the portion of the coinsurance and deductibles it does now.

MassHealth and MCOs

9. Q. *I am enrolled in a MassHealth MCO. How do these changes affect me?*

- A. The benefit package for the MassHealth MCOs is also scheduled to be changed as of January 1, 2003, to no longer cover the services listed in Question #1. If you have any further questions about these changes in services, you should contact your MCO member services hotline.